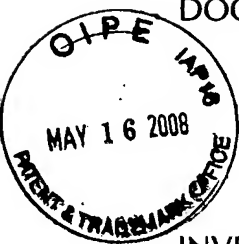


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DOCKET: NPTS100001000

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR:	Galbiati et al.)	EXAMINER:	Kuo Liang Peng
SERIAL NO.:	10/509,310)	ART UNIT:	1796
FILING DATE:	March 26, 2003)	DATE:	May 12, 2008
FOR:	Silane Terminated Sulphydic Acid Based Michael Polyaddition Polymers			

PETITION FOR EXTENSION OF TIME AND ACCOMPANYING FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-450

Dear Sir:

(A) **Extension of Time:**

The undersigned Attorney respectfully petitions the Honorable Commissioner of Patents and Trademarks to extend the time for taking action in the above-identified application for the period of time indicated below.

- (1) Original Period for Response was Set to Expire on March 11, 2007
- (2) Statutory Period Expires June 11, 2008

Extension now requested is for the period of two months from the date (1) above.

(B) **Total Fee for this Petition filed herewith:**

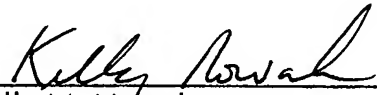
- () The total fee, in the amount of \$_____, is attached.
- () The total fee, in the amount of \$_____, is to be charged to credit card.

05/16/2008 SDENB083 00000016 040566 10509310
01 FC:2252 230.00 DA

(X) The total fee, in the amount of \$230.00, is to be charged to Deposit Account No. 04-0566.

Please charge any additional fee which may be required for this Petition, or credit any overpayment, to Deposit Account No. 04-0566. A duplicate copy of this paper is enclosed for the convenience of the Finance Branch.

Respectfully submitted,

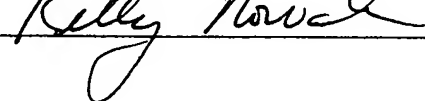


Kelly M. Nowak
Reg. No. 47,898

DeLIO & PETERSON, LLC
121 Whitney Avenue
New Haven, CT 06510-1241
(203) 787-0595

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date indicated below as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name: Kelly M. Nowak Date: May 12, 2008 Signature: _____

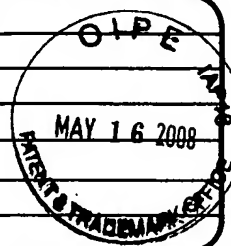
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 230.00**Complete if Known**

Application Number	10/509,310
Filing Date	March 26, 2003
First Named Inventor	Galbiati et al.
Examiner Name	Kuo Liang Peng
Art Unit	1796
Attorney Docket No.	May 12, 2006

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
210	105
370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
14	- 20 or HP = 0	x 25.00 = 0	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 or HP = 0	x 105.00 = 0	

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Two Month Extension of Time**Fees Paid (\$)**

230.00

SUBMITTED BY

Signature	<i>Kelly M. Nowak</i>	Registration No. (Attorney/Agent) 47,898	Telephone 203-787-0595
Name (Print/Type)	Kelly M. Nowak	Date May 12, 2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.